



Nottinghamshire  
Safeguarding  
Children Partnership

# **Child and Young Person's Neglect Toolkit**

**For assisting in the identification  
of Child Neglect**

V1.3

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## Acknowledgements

Nottinghamshire and Nottingham City Safeguarding Children Partnerships have adapted this toolkit which was initially developed by Jane Wiffin on behalf of Hounslow LSCB and then revised by North Somerset; to offer a 'Structured Judgement Approach' to the identification of child neglect and the tools for agencies to work in partnership with families to improve outcomes for the children and young people.

## Introduction

Neglect is 'the persistent failure to meet a child/young person's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child/young person is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment;
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment'

It may also include neglect of or unresponsiveness to, a child/young person's basic emotional needs. (Working Together 2018).

Neglect is often seen as something experienced solely by younger children; as a proportion of children who were the subject of a protection plan for neglect at 31st March 2017 about one in seven were unborn or had yet to reach their first birthday (Department for Education, 2017). Furthermore, we know that much of the damage done by neglect in the early years can be very difficult to repair. This makes it extremely important that professionals working with neglected children in their early years intervene early and use clearly focused resources to maximise the potential for successful outcomes.

It is clear however neglect also has consequences for older young people, and that the notion that adolescents are old enough to protect themselves from neglect is simply a myth; neglect has damaging consequences from birth to adulthood. As at March 2017 almost a third of all children and young people who were the subject of a protection plan for neglect were aged 10 years or older. (Department of Education, 2017).

Identifying neglect in middle childhood and adolescence can be complex because these children experience and respond to neglect in different ways. Some children between the ages of seven and eleven years may show challenging behaviours because of neglect, while others may suppress their feelings so that it is not obvious that they have been or are neglected. At this critical age in a child's development, it is crucial that neglect is identified and responded to. As children move from primary to secondary education and into adolescence, they need support to manage these changes. If this support is not in place at home and they are being neglected, children will find this time in their life particularly difficult. This can lead to long term problem.

Recent research<sup>1</sup> by the Children's Society found that 'adolescent's problem behaviours and the personal issues they face may often be linked to neglect'. Older children who have been neglected may be at risk of going missing or being exploited. They may exhibit challenging behaviours and neglect may have a detrimental effect on their physical and emotional health. Professionals do not always

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<sup>1</sup> Troubled Teens: A study of the links between parenting and adolescent neglect (The Children's Society November 2016) <https://www.childrenssociety.org.uk/sites/default/files/troubled-teens-policy-and-practice-briefing.pdf>

identify the underlying cause of these behaviours and therefore children do not always get the support they need. Sometimes, the public and professionals assume that older children are better able to cope with neglect.

The Toolkit should be used in conjunction with the local Nottinghamshire and Nottingham City Pathway documents which provide guidance on thresholds for services, and the interagency Procedures and Guidance [http://nottinghamshirescb.proceduresonline.com/p\\_neglect.html](http://nottinghamshirescb.proceduresonline.com/p_neglect.html).

- Nottinghamshire: Pathway to Provision <http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-childrens-trust/pathway-to-provision>
- Nottingham City: Family Support Pathway [http://intranet.nottinghamcity.gov.uk/media/5091/family-support-pathways-2018-20\\_19219\\_lr.pdf](http://intranet.nottinghamcity.gov.uk/media/5091/family-support-pathways-2018-20_19219_lr.pdf)

## What is the child and young person's Neglect Toolkit?

The child and young person's Neglect Toolkit is not a clinical tool to diagnose neglect but is designed to assist you in identifying and assessing children and young people who are at risk of and experiencing neglect. It is to be used when you are concerned that the quality of care of a child/young person you are working with suggests that their needs are being neglected. The toolkit can be used in a number of ways.

- Working in partnership with parents to assess levels of concerns and identify areas of strength
- Working with an adolescent to assist them in understanding their lived experience
- Identify priority areas for your intervention and areas of focus for change
- Used within Supervision to support and develop the practitioners assessment
- By using this toolkit in partnership with families it will support your practice and enable you to have honest conversations regarding levels of neglect and recognise strengths which can be extremely motivating for families when faced with professional worries.

This **tool** does not replace **assessments** such as the Early Help Assessment or Children's Social Care assessments. It is essential that if you are working with a family where you have identified neglect that you complete an Early Help Assessment and that the support from all agencies is coordinated.

If you suspect abuse or harm or where a child or young person is the victim of a criminal offence you must immediately discuss this with your Named/Designated Child Protection Officer and make a referral to Children's Social Care.

## Using the Neglect Toolkit

The toolkit can be used at any stage, to assist with the early identification of neglect or in coordinating support for families in need of additional help. If the child already has an allocated social worker, a child and family assessment will be completed or updated. The checklist can also be used to track improvements, deterioration or 'drift'.

This toolkit focuses on six key areas of need and considers the extent of the parent's commitment to care and the extent to which children and young people's needs are being put first or come secondary to the needs of their parents/carers. Although poverty does not cause neglect it is acknowledged that it can exacerbate it.

**The six key areas of need are:**

<p><b>Physical care</b></p> <ul style="list-style-type: none"> <li>• Food</li> <li>• Quality of housing</li> <li>• Stability of housing</li> <li>• Child/young person's clothing/footwear</li> <li>• Animals</li> <li>• Hygiene</li> </ul>	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Safe sleeping arrangements</li> <li>• Seeking advice and intervention</li> <li>• Disability</li> </ul>	<p><b>Safety and Supervision</b></p> <ul style="list-style-type: none"> <li>• Safety awareness and prevention of harm</li> <li>• Supervision of the child/young person</li> <li>• Handling of baby/response to baby</li> <li>• Care by others</li> <li>• Responding to adolescents</li> </ul>
<p><b>Love and Care</b></p> <ul style="list-style-type: none"> <li>• Parent / carer's response to the child</li> <li>• Boundaries and routines</li> <li>• Young carers and household responsibilities</li> <li>• Adult behaviour</li> <li>• Adult mental health</li> <li>• Adult arguments and violence</li> <li>• Adult substance misuse</li> <li>• Pre birth</li> </ul>	<p><b>Stimulation and Education</b></p> <ul style="list-style-type: none"> <li>• 0-2 years</li> <li>• 2-5 years</li> <li>• School</li> <li>• Sport and Leisure</li> <li>• Friendships</li> <li>• Addressing Bullying</li> </ul>	<p><b>Carer capacity to achieve change</b></p>

The toolkit must be used in its entirety. By working through all the areas and scoring individual sections you will be able to identify strengths as well as areas of concern. Using the front sheet to give you a visual picture of the areas of good and worrying care you will be able to see where the areas of concern are or the extent of your concerns.

The toolkit enables the user to compare the number of areas of need under each of the 4 levels of concern. The trigger for further action is not a specific score and relies on professional judgement and reference to the thresholds guidance. If you are seeing mainly 3's and 4's and you have detailed examples of the negative impact on the child there are causes for concern and should be discussed with your Named/Designated Child Protection Officer practitioner or your manager if you're a member of a social work team. This must be done as soon as possible so that a clear plan of support can be agreed and actioned.

**Methods**

- Ensure you are familiar with the area headings
- Decide how you will involve the carers and how you will share the 'results' with them
- It will be necessary to do a home visit to make observations or to have a conversation with someone who has and who has used the toolkit on your behalf (with parental consent)
- Ideally complete this with the main carer and speak to the child to inform your completion of the toolkit.
- As far as possible use the usual state of the house
- Don't take into account any external factors such as the family support worker arranging for the house to be cleared or cleaned, unless the parents have positively contributed in some way

- Allowances should be made for background factors such as recent bereavement, loss of job
- Use the descriptors to support professional judgement the practitioner scales the care provided under each of the domains
- Misleading explanations from parents should be considered as 4 and a note for reasoning made on the summary sheet, alongside the parent's views
- Agree the actions you are going to take and set out any goals that a future plan may need to address - for instance at a multi-agency meeting, as part of a referral or as an agreement with parents about how you are going to work with them to address areas for concern.

## Child and Young Person's Neglect Toolkit summary sheet.

Child's name: [\\_Click here to enter text.](#) \_\_\_\_\_

Practitioner: [\\_Click here to enter text.](#) \_\_\_\_\_

Date: [\\_Click here to enter a date.](#) \_\_\_\_\_

Agency: [\\_Click here to enter text.](#) \_\_\_\_\_

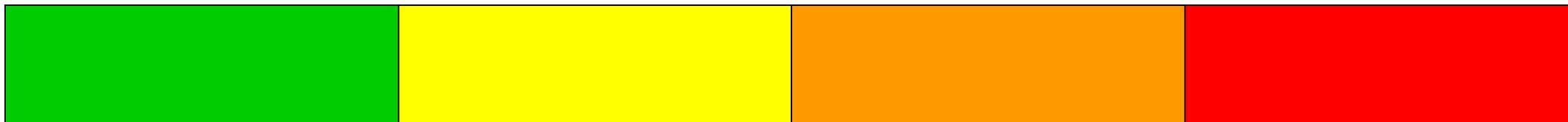
Is there an Early Help or statutory assessment for this child? **YES**  / **NO**

Have you used the descriptors to inform your completion of the checklist? **YES**  / **NO**

Areas of Need	Level of Concern				Examples	Evidence of impact child/young person	Parents View
<b>AREA 1: PHYSICAL CARE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Quality of housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stability of housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Child's/young person's clothing/footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>AREA 2: HEALTH</b>					Click here to enter text.	Click here to enter text.	Click here to enter text.
Safe sleeping arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Seeking advice and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>AREA 3: SAFETY &amp; SUPERVISION</b>					Click here to enter text.	Click here to enter text.	Click here to enter text.
Safety awareness & prevention of harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Supervision of the child/young person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Handling of baby/response to baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Care by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Responding to adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>AREA 4: LOVE and CARE</b>		Click here to enter text.	Click here to enter text.	Click here to enter text.
Parent/carer's response to the child/young person	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Boundaries and routines	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Young carers and household responsibilities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Adult mental health	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Adult arguments and violence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Adult substance misuse	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Pre birth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>AREA 5: STIMULATION and EDUCATION</b>		Click here to enter text.	Click here to enter text.	Click here to enter text.
0-2 years	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
2-5 years	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
School	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Sport and Leisure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Friendships	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Addressing bullying	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>CARER CAPACITY TO ACHIEVE CHANGE</b>		Click here to enter text.	Click here to enter text.	Click here to enter text.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>Total number of each e.g. how many 1's, 2's, 3's and 4's</b>				

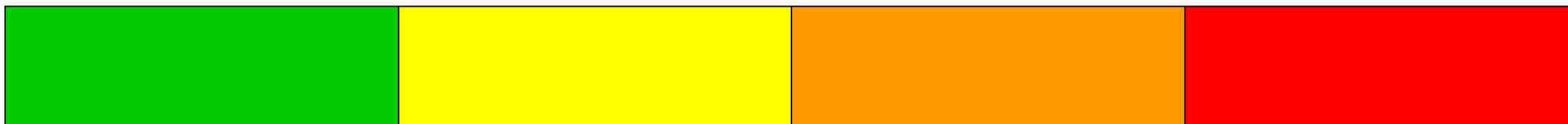
<b>What actions are to be taken as a result of completing this?</b>	<b>What are the goals that any action plan needs to achieve?</b>



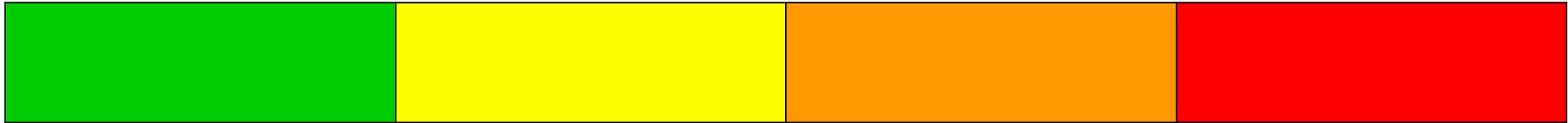
**PHYSICAL CARE**

**1.1 Food**

<p>Child/young person is provided with appropriate quality and quantity of food and drink, which is appropriate to their age, stage of development, and ability.</p> <p>Meals are organised and there is a routine which includes the family sometimes eating together and appropriate support for feeding.</p> <p>Child/young person's special dietary requirements are always met.</p> <p>Carer understands importance of a balanced diet.</p>	<p>Child/young person is provided with reasonable quality of food and drink and seems to receive an adequate quantity for their needs, but there is a lack of consistency in preparation and routine.</p> <p>Child/young person's special dietary requirements are inconsistently met.</p> <p>Carer understands the importance of appropriate food and routine but sometimes their personal circumstances impact on ability to provide.</p>	<p>Child/young person receives low quality and/or quantity food and drink, which is often not appropriate to their age and stage of development and there is a lack of preparation or routine.</p> <p>Child/young person appears hungry.</p> <p>Child/young person's special dietary requirements are rarely met.</p> <p>The carer is indifferent to the importance of appropriate food for the child.</p>	<p>Child/young person does not receive an adequate quantity of food and is observed to be hungry.</p> <p>Lack of patience at meal times/provision of support for feeding.</p> <p>The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc.</p> <p>Child/young person's special dietary requirements are never met and there is a lack of routine in preparation and times when food is available.</p> <p>Carer hostile to advice about appropriate food and drink and the need for a routine.</p>
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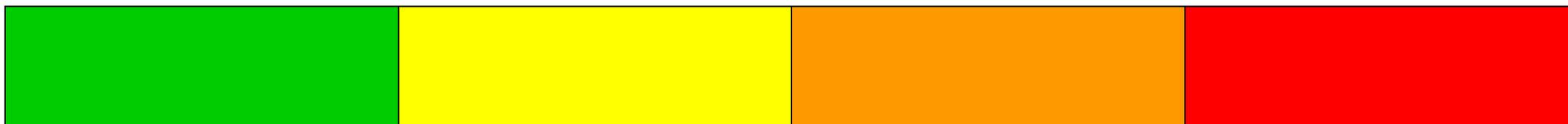
1.2 Quality of Housing			
<p>The accommodation is in a reasonable state of repair and decoration and has all essential amenities such as heating, washing facilities, cooking and food storage facilities, adequate beds and bedding and a toilet. The accommodation is clean and tidy.</p> <p>Carer understands the importance of the home conditions to child/young person's well-being.</p> <p>Fire safety considerations in place; smoke alarms, clear exits etc.</p> <p>Outside space (if available) is suitable for children</p>	<p>The accommodation is in need of decoration and requires repair. It has some essential amenities - including heating, washing facilities, cooking and food storage facilities, beds and bedding and a toilet,. Carers are aware of the issues, and have taken steps to address them</p> <p>The accommodation is reasonably clean, but may be damp, but the carer addresses this.</p> <p>Some fire safety considerations in place; smoke alarms, clear exits etc.</p> <p>Carer recognises the importance of the home conditions to the child/young person's sense of well-being, but is hampered by personal circumstances.</p> <p>Outside space (if available) is partially suitable for children</p>	<p>The accommodation is in a state of disrepair, carers are unmotivated or unable to address this and the child/young person has suffered or may suffer accidents and/or potentially poor health as a result.</p> <p>The home appearance is bare and possibly dirty/smelly and there are inadequate or dirty amenities such as beds and bedding, toilet, clean washing facilities and cooking and food storage facilities. The whole environment is dirty and chaotic.</p> <p>The accommodation smells of damp and there is evidence of mould.</p> <p>Some fire safety considerations in place; smoke alarms, clear exits etc.</p> <p>Carer recognises the importance of some of the home conditions to the Child/young person's sense of well-being, but is hampered by personal circumstances.</p> <p>Outside space (if available) is unsuitable for children</p>	<p>The accommodation is in a dangerous state of disrepair and this has caused accidental injuries and/or poor health for the child/young person.</p> <p>The home conditions are dirty and squalid and there is a lack of essential amenities such as a working toilet, washing facilities, inappropriate dirty bed and bedding and poor or dirty facilities for the preparation and storage of food.</p> <p>Faeces, animals or harmful substances are visible and accessible by the child or young person,</p> <p>The accommodation smells strongly of damp and there is extensive mould which is untreated and the carer is unwilling to take advice about the impact of the home circumstances on child/young person's wellbeing.</p> <p>Fire safety risks not addressed (blocked exits, fire risks etc.)</p> <p>Outside space is hazardous.</p>



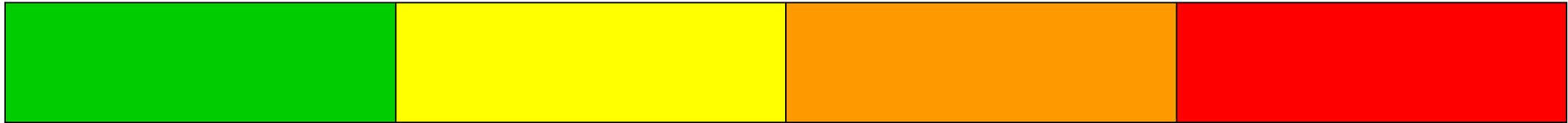
<b>1.3 Stability of Housing</b>			
<p>Child/young person has stable home environment without too many moves (unless necessary).</p> <p>Carer understands the importance of stability for child/young person.</p>	<p>Child/young person has a reasonably stable home environment, but has experienced house moves/ new adults in the family home.</p> <p>Carer recognises that this could impact on child/young person, but the carer's personal circumstances occasionally impact on this.</p>	<p>Child/young person does not have a stable home environment, and has either experienced lots of moves and/or lots of adults coming in and out of the home for periods of time.</p> <p>Carer does not accept the importance of stability for child.</p>	<p>Child/young person experiences lots of moves, staying with relatives or friends at short notice (often in circumstances of overcrowding leading to children/young people sleeping in unsuitable circumstances).</p> <p>The home has a number of adults coming and going.</p> <p>Carer does not accept the importance of stability for child/impact of instability on the child.</p> <p>Child/young person does not always know these adults who stay over.</p>
<b>1.4 Child/young person's clothing/footwear</b>			
<p>Child/young person has sufficient clothing/footwear which is clean and fits appropriately.</p> <p>Child/young person is dressed appropriately for the weather and carers are aware of the importance of appropriate clothing/footwear for the child/young person.</p>	<p>Child/young person has clothing/footwear which is appropriate, but sometimes poorly fitting, unclean and crumpled.</p> <p>The carer gives consideration to the appropriateness of clothing/footwear to meet the needs of the Child/young person, but their own personal circumstances can get in the way.</p>	<p>Child/young person has clothing/footwear which is dirty and crumpled, in a poor state of repair and not well fitting.</p> <p>The child/young person lacks appropriate clothing for the weather and does not have sufficient clothing to allow for regular washing.</p> <p>Carer(s) are indifferent to the importance of appropriate</p>	<p>Child/young person has clothing/footwear which is filthy, ill-fitting and smelly. The clothing/footwear is usually unsuitable for the weather.</p> <p>Insufficient clothing/footwear.</p> <p>Child/young person may sleep in day clothing and is not provided with clean clothing when they are soiled.</p>

		clothing/footwear for the child/young person.	The carer is hostile to advice about the need for appropriate clothing/footwear for the wellbeing of the child/young person.
<b>1.5 Animals</b>			
<p>Animals are well cared for and do not present a danger to children/young people or adults.</p> <p>Children and young people are encouraged to behave appropriately towards animals.</p>	<p>Animals look reasonably well cared for, but contribute to a sense of chaos in the house.</p> <p>Animals present no dangers to children, young people or adults and any mistreating of animals is addressed.</p>	<p>Animals not always well cared for or ailments treated.</p> <p>Presence of faeces or urine from animals not treated appropriately and animals not well trained.</p> <p>The mistreatment of animals by adults or children and young people is not addressed.</p>	<p>Animals not well cared for and presence of faeces and urine in living areas.</p> <p>Animals dangerous and chaotically looked after.</p> <p>Carers do not address the ill treatment of animals by adults or children and young people.</p>
<b>1.6 Hygiene</b>			
<p>The child/young person is clean and is either given a bath/washed daily or given encouragement appropriate to age and/or ability.</p> <p>The child/young person is encouraged/supported to brush their teeth and head lice, skin complaints etc. are treated appropriately.</p> <p>Nappy rash is treated appropriately.</p> <p>Carers take an interest in the child/young person's appearance.</p>	<p>The child/young person is reasonably clean, but the carer does not bath/wash the child/young person regularly and/or the child/young person is not consistently given encouragement appropriate to age and/or ability.</p> <p>The child/young person does not always clean their teeth, and head lice and skin conditions etc. are treated in an inconsistent way.</p> <p>Nappy rash is a problem, but parent treats if given encouragement and advice.</p>	<p>The child/young person looks unclean and is only occasionally bathed/washed and is not given encouragement appropriate to age and/or ability.</p> <p>There is evidence that the child/young person does not brush their teeth, and that head lice and skin conditions etc. are not treated appropriately.</p> <p>Carer does not address concerns about nappy rash and is indifferent to concerns expressed by others.</p>	<p>The child/young person looks dirty, and is not bathed or washed or encouraged to do so.</p> <p>The child/young person does not brush teeth or cannot do this independently and is not supported. Head lice and skin conditions are not treated and become chronic.</p> <p>Carer does not address concerns about nappy rash and is hostile to concerns expressed by others.</p> <p>The carer is resistant to concerns</p>

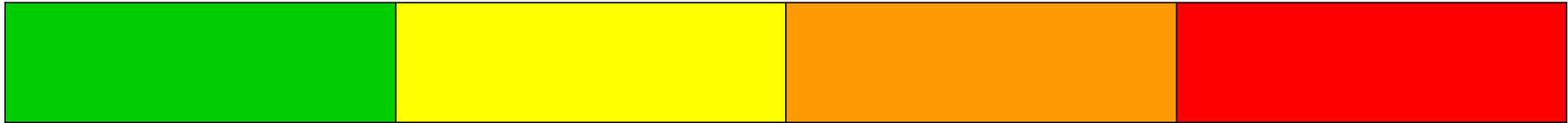
Access to appropriate hygiene/sanitary/continence products.		Carers do not take an interest in child/young person's appearance and do not acknowledge the importance of hygiene to the child/young person's wellbeing	expressed by others about the child/young person's lack of hygiene.  Suitable hygiene/sanitary/continence products not available.
<b>HEALTH</b>			
<b>2.1 Safe sleeping arrangements</b>			
<p>Carer has information on safe sleeping and follows the guidelines.</p> <p>There is suitable bedding and carers having an awareness of the importance of the room temperature, sleeping position of the baby and carer does not smoke in household.</p> <p>Carer aware of guidance around safe sleeping and recognises the importance of the impact of alcohol and drugs on co-sleeping.</p> <p>There are appropriate sleeping arrangements for children and young people.</p> <p>Suitable bed and specialist equipment in place (if needed) and maintained.</p>	<p>Carer has information on safe sleeping, but does not always follow guidelines, so bedding, temperature or smoking may be a little chaotic and carer may not be aware of sleeping position of the baby.</p> <p>Carer aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol by the carer on safe sleeping, but this is sometimes inconsistently observed.</p> <p>Sleeping arrangements for children/young people can be a little chaotic.</p>	<p>Carer unaware of safe sleeping guidelines, even if they have been provided.</p> <p>Carer ignores advice about beds and bedding, room temperature, sleeping position of the baby and smoking.</p> <p>Carer does not recognise the risk of co-sleeping or the impact of carer's alcohol/drug use on safety.</p> <p>Sleeping arrangements for children are not suitable and carer is indifferent to advice regarding this.</p> <p>Carer not concerned about impact on child/young person.</p> <p>Poorly maintained bed and/or specialist equipment.</p>	<p>Carer indifferent about or resistant to safe sleeping guidance. Sees it as interference and does not take account of beds and bedding, room temperature, sleeping position of the baby and adults smoke in the household.</p> <p>Carer unwilling to follow advice about the impact of their drug and alcohol use on safe sleeping for the baby.</p> <p>Sleeping arrangements for children/young people are not suitable and carer is resistant to advice regarding this.</p> <p>Carer not concerned about impact on child/young person or risks associated with this, such as witnessing adult sexual behaviour.</p> <p>Unsuitable bed and/or lack of necessary specialist equipment.</p>



2.2 Seeking advice and intervention			
<p>Advice sought from professionals/ experienced adults on matters of concern about child/young person's health.</p> <p>Appointments are made and consistently brought to them.</p> <p>Preventative care is carried out such as dental/optical and all immunisations are up to date.</p> <p>Carer ensures child/young person completes any agreed programme of medication or treatment.</p>	<p>Advice is sought about injury/illnesses, but this is occasionally delayed or poorly managed as a result of carer difficulties.</p> <p>Carer understands the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments.</p> <p>Immunisations are delayed, but eventually completed.</p> <p>Carer is inconsistent about ensuring that the child/young person completes any agreed programme of medication or treatment, recognises the importance to the child/young person but personal circumstances can get in the way.</p>	<p>The carer does not routinely seek advice about childhood injury/illnesses but does when concerns are serious or when prompted by others.</p> <p>Child not consistently brought to appointments such as health, dental and optical. Immunisations not up to date, even if a home appointment is offered.</p> <p>Carer does not ensure the child/young person completes any agreed programme of medication or treatment and is indifferent to the impact on child/young person's wellbeing.</p>	<p>Carer does not attend to childhood illnesses/injury, unless severe or in an emergency.</p> <p>Childhood illnesses allowed to deteriorate before advice/care is sought.</p> <p>Carer resistant to taking advice from others (professionals and family members) to seek medical advice.</p> <p>Child not brought to appointments such as health, dental and optical, immunisations not up to date, even if a home appointment is offered.</p> <p>Carer does not ensure that the child/young person completes any agreed programme of medication or treatment and is resistant to advice about this from others, and does not recognise likely impact on child/young person.</p>



<b>2.3 Disability</b>			
<p>Carer positive about child/young person's identity and values him/her.</p> <p>Carer meets needs relating to child/young person's disability.</p> <p>Carer is proactive in seeking appointments and advice and advocating for the child/young person's well-being.</p>	<p>Carer does not always value child/young person and allows issues of disability to impact on feelings towards the child child/young person.</p> <p>Carer is inconsistent in meeting the needs relating to child child/young person's disability, but does recognise the importance to the child/young person but personal circumstances get in the way.</p> <p>Carer accepts advice and support but is not proactive in seeking advice and support around the child/young person's needs.</p>	<p>Carer shows anger and frustration at child/young person's disability. Often blaming the child and not recognising identity.</p> <p>Carer does not ensure needs relating to child/young person's disability are being met, and there is significant minimisation of child child/young person's health needs.</p> <p>The carer does not seek or accept advice and support around the child child/young person's needs, and is indifferent to the impact on the child/young person.</p>	<p>Carer does not recognise child/young person's identity and is negative about child/young person as a result of the disability.</p> <p>Carer does not meet the needs relating to child/young person's disability, which leads to deterioration of the child/young person's well-being.</p> <p>Carer refuses to follow instructions to seek help for the child/young person, and is resistant to any advice or support around child/young person's disability.</p>



**SAFETY & SUPERVISION**

**3.1 Safety awareness and prevention of harm (both in the home and outside)**

<p>Carer aware of safety issues and there is evidence of safety equipment use and maintenance.</p>	<p>Carer is aware of safety issues, but is inconsistent in use and maintenance of safety equipment, and allows personal circumstances to get in the way of consistency.</p>	<p>The carer does not recognise dangers to child/young person and there is a lack of safety equipment, and evidence of daily dangers to the child/young person.</p> <p>Carer indifferent to advice about this and does not recognise or acknowledge the impact on the child/young person.</p>	<p>Carer does not recognise dangers to the child/young person's safety and is resistant to advice regarding this, does not recognise the importance to the child/young person, and can hold child/young person responsible for accidents and injuries.</p>
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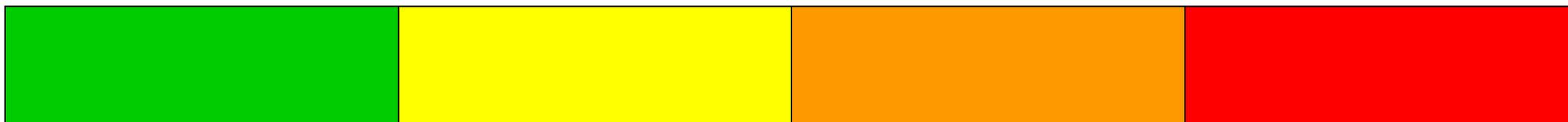
**3.2 Supervision of the child/young person (including digital technology /exposure to appropriate material)**

<p>Appropriate supervision is provided in line with age and stage of development.</p> <p>Carer recognises the importance of appropriate supervision to child/young person's well-being.</p> <p>Parent/child/young person always aware of each other's whereabouts.</p>	<p>Variable supervision is provided both indoors and outdoors, but carer does intervene where there is imminent danger.</p> <p>Carer does not always know where child is and inconsistent awareness of safety issues when child/young person away from home.</p> <p>Shows concern about when child/young person should be home.</p> <p>Carer aware of the importance of supervision, but does allow personal circumstances to impact on consistency.</p>	<p>There is very little supervision indoors or outdoors and carer does not always respond after accidents.</p> <p>There is a lack of concern about where child/young person is or who they are with and the carer is inconsistently concerned about lack of return home or late nights.</p> <p>Carer indifferent to importance of supervision and to advice regarding this from others.</p>	<p>Complete lack of supervision.</p> <p>Young children contained in car seats/pushchairs for long periods of time.</p> <p>The carers are indifferent to whereabouts of child/young person, and often do not know where child/young person is or who they are with, and are oblivious to any dangers.</p> <p>There are no boundaries about when to come home or late nights.</p> <p>Carer resistant to advice from others regarding appropriate supervision and</p>
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	Parents unsure of child/young person's whereabouts.		does not recognise the potential impact on children's wellbeing.
<b>3.3 Handling of baby / response to baby</b>			
<p>Carer responds appropriately to the baby's needs and is careful whilst handling and laying the baby down, frequently checks if unattended.</p> <p>Carer spends time with baby, cooing and smiling, holding and behaving warmly.</p>	<p>The carer is not always consistent in their responses to the baby's needs, because their own circumstances get in the way. Carer does not always handle the baby securely and is inconsistent in supervision.</p> <p>Carer spends some time with the baby, cooing and smiling, but is led by baby's moods, and so responds negatively if baby unresponsive.</p>	<p>Carer does not recognise the importance of responding consistently to the needs of the baby.</p> <p>Continues to handle the baby insecurely even after advice has been provided. Baby is left unattended (e.g. bottle left in the mouth).</p> <p>Carer does not spend time with baby, cooing or smiling, and does not recognise importance of comforting baby when distressed.</p>	<p>Carer does not respond to the needs of the baby and only addresses issues when carer chooses to do so.</p> <p>There is dangerous handling and the baby is left dangerously unattended.</p> <p>The baby is strapped into a car seat or some other piece of equipment for long periods and lacks adult attention and contact.</p> <p>Carer resistant to advice to pick baby up, and provide comfort and attention. Carer does not recognise importance to baby.</p>
<b>3.4 Care by others</b>			
<p>Carer ensures that Child / young person has suitable levels of supervision for their age, need and ability.</p> <p>Carer allows Child / young person age and developmentally appropriate opportunities and encouragement to learn independence skills (i.e. Use public transport, walk to school, visit</p>	<p>Baby, toddler or young child is occasionally in the care of an older child who has the necessary maturity and responsibility.</p> <p>Carer inconsistent in raising the importance of a child/young person keeping themselves safe from others and provides some advice and support.</p>	<p>Baby toddler or young child is left in the care of another child who does not have necessary maturity or responsibility.</p> <p>Baby toddler or young child is left in the care of an unsuitable and / or dangerous adult.</p>	<p>Carer leaves baby toddler or young child with no supervision.</p> <p>Child / young person who isn't able to look after themselves, is left on their own.</p> <p>Child under 16 years old is left alone overnight.</p>

<p>friends or relatives alone).</p>	<p>Carer aware of the importance of safe care, but sometimes is inconsistent because of own personal circumstance.</p>	<p>Child / young person is left in the care of someone they do not know.</p> <p>Child/young person found wandering and/or locked out.</p> <p>Carer does not raise awareness of the importance of child/young person keeping themselves safe from others and provides no advice and support.</p> <p>Carer is indifferent to the importance of safe care of the child/young person and leaves the child/young person with unsuitable or potentially harmful adults and does not recognise the potential risks to the child/young person.</p>	<p>Child /young person often found wandering and/or locked out.</p> <p>Carer does not provide any advice about keeping safe, and may put adult dangers in the way of the child/young person.</p> <p>Carer resistant to advice or professional challenge about giving safe care and impact of children/young people being left with unsuitable and/or unsuitable or dangerous adults.</p> <p>Carer does not let child / young person know how long they will be out.</p> <p>Carer does not give consideration to the age, developmental maturity or the wishes and feeling of the child / young person (i.e. young person who is frightened of being in the house alone continues to be left)</p>

<b>3.5 Responding to adolescents</b>			
<p>The adolescent's needs are fully considered with appropriate adult care.</p> <p>Where risky behaviour occurs it is identified and responded to appropriately by the carer.</p>	<p>The carer is aware of the adolescent's needs but is inconsistent in responding to them.</p> <p>The carer is aware that the adolescent needs appropriate care but is inconsistent in providing it.</p> <p>Where risky behaviour occurs the carer responds inconsistently to it.</p>	<p>The carer does not consistently respond to the adolescent's needs.</p> <p>Carer recognises risky behaviour but does not always respond appropriately.</p>	<p>The adolescent's needs are not considered and there is not enough appropriate adult care.</p> <p>The carer does not recognise that the adolescent is still in need of guidance with protection from risky behaviour i.e. lack of awareness of the adolescent's whereabouts for long periods of time or seeking to address either directly or by seeking support of risky and challenging behaviour.</p> <p>The carer does not have the capacity to be alert to and monitor the adolescent moods for example recognising depression which could lead to self-harm.</p>



**LOVE AND CARE**

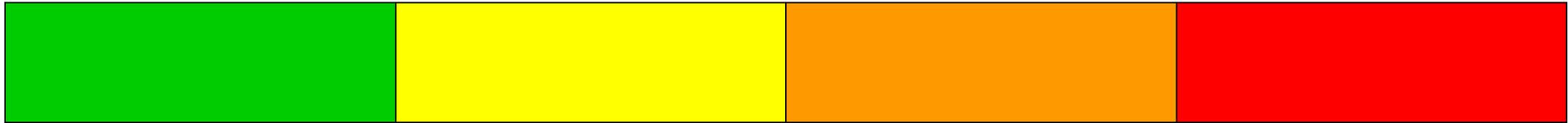
**4.1 Parent/carer's response to the child**

<p>Carer talks warmly about the child/young person and is able to praise and give appropriate emotional reward.</p> <p>The carer values the child/young person's identity and seeks to ensure child/young person develops a positive sense of self.</p> <p>Carer responds appropriately to child's needs for physical care and positive interaction.</p> <p>The emotional response of the carer is one of warmth.</p> <p>Child/young person is listened to and carer responds appropriately.</p> <p>Child/young person is happy to seek physical contact and care.</p> <p>Carer responds appropriately if child distressed or hurt.</p> <p>Carer understands the importance of consistent demonstrations of love and care.</p>	<p>Carer talks kindly about the child/young person and is positive about achievements most of the time but allows their own difficulties to impact.</p> <p>Carer recognises that praise and reward are important but is inconsistent in this.</p> <p>Carer recognises child/young person's identity and is aware of the importance of ensuring child/young person develops a positive sense of self, but sometimes allows personal circumstances to impact on this.</p> <p>Child/young person is main initiator of physical interaction with carer who responds inconsistently or passively to these overtures.</p> <p>Child/young person not always listened to and carer angry if child seeks comfort through negative emotions such as crying. Does not always respond appropriately if child/young person distressed or hurt.</p>	<p>Carer does not speak warmly about the child/young person and is indifferent to the child/young person's achievements.</p> <p>Carer does not provide praise or reward and is dismissive of praise from others.</p> <p>Carer does not recognise the child/young person's identity and is indifferent to the importance of ensuring that the child/young person develops a positive sense of self</p> <p>Carer seldom initiates interactions with the child/young person and carer is indifferent if child/young person attempts to engage for pleasure, or seek physical closeness.</p> <p>Emotional response is sometimes brisk or flat and lacks warmth.</p> <p>Can respond aggressively or dismissively if child distressed or hurt.</p> <p>Carer indifferent to advice about the importance of love and care to the child/young person.</p>	<p>Carer speaks coldly and harshly about child/young person and does not provide any reward or praise and is ridiculing of the child/young person when others praise.</p> <p>Carer is resistant to advice about the importance of praise and reward to the child/young person.</p> <p>Carer hostile to the child/young person's identity and to the importance of ensuring that the child develops a positive sense of self.</p> <p>Carer does not show any warmth or physical affection to the child/young person and responds negatively to overtures for warmth and care.</p> <p>Responds aggressively or dismissively if child/young person distressed or hurt.</p> <p>Carers will respond to incidents of harm if they consider themselves to be at risk of involvement with the authorities.</p> <p>The emotional response of</p>
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	Carer understands the importance of demonstrations of love and care, but own circumstances and difficulties sometimes get in the way.		carers is harsh, critical and lacking in any warmth.  Carer hostile to advice about the importance of responding appropriately to the child/young person.

**4.2 Boundaries and routines**

Carer provides consistent boundaries and ensures child/young person understands how to behave and to understand the importance of set limits.  Child/young person is disciplined appropriately with the intention of teaching proactively.	Carer provides inconsistent boundaries and uses mild physical and moderate other sanctions.  The carer recognises the importance of setting boundaries for the child/young person, but is inconsistent because of own personal circumstances or difficulties.	Carer provides few boundaries, and is harsh and critical when responding to the child/young person's behaviour and uses physical sanctions and severe other sanctions.  Carer can hold child responsible for their behaviour.  Carer indifferent to advice about the need for more appropriate methods of disciplining.	Carer provides no boundaries for the child and treats the child/young person harshly and cruelly, when responding to their behaviour.  Carer uses physical chastisement and harsh other methods of discipline.  Carer hostile to advice about appropriate methods of disciplining.
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**4.3 Young carers and household responsibilities**

<p>Child/young person contributes to household tasks as would be expected for age and stage of development.</p> <p>Does not take on additional caring responsibilities.</p> <p>Carer recognises the importance of appropriateness regarding caring responsibilities.</p>	<p>Child/young person has some additional responsibilities within household. These are manageable for age and stage of development and do not interfere with child/young person's education and interfere minimally with leisure opportunities.</p>	<p>Child/young person has onerous caring responsibilities that interfere with education/leisure opportunities.</p> <p>Carer indifferent to impact on child/young person.</p>	<p>Child/young person has caring responsibilities which are inappropriate and significantly impact on child/young person's education/leisure opportunities.</p> <p>This may include age inappropriate tasks, and /or intimate care.</p> <p>The impact on the child/young person's well-being is not understood or acknowledged.</p> <p>Carer is resistant to advice about the inappropriateness of caring responsibilities.</p>
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**4.4 Adult behaviour**

**Adult mental health**

<p>Carer able to meet the practical and emotional needs of the child or young person.</p> <p>Carer aware of impact of parental mental distress on parenting role and child/young person and is able to mitigate risks when experiencing mental distress.</p> <p>Age appropriate discussions take place around mental health and</p>	<p>Carer generally able to meet the practical and emotional needs of the child or young person. Makes alternative arrangements with trusted person if unable to meet needs of child or young person.</p> <p>Carer generally able to mitigate risks to child or young person when experiencing mental distress.</p> <p>Age appropriate discussions</p>	<p>Carer often unable to meet the practical and emotional needs of the child or young person due to their mental distress.</p> <p>Carer unaware of impact of parental mental distress on parenting role and child and unable to mitigate risks when experiencing mental distress.</p> <p>Carer unable to mitigate risks to child</p>	<p>Carer unable to meet the practical and emotional needs of the child or young person due to their mental distress.</p> <p>Carer unaware of impact of parental mental distress on parenting role and child and unwilling to mitigate risks when experiencing mental distress.</p> <p>Carer unwilling to mitigate risks to child or young person when experiencing mental distress.</p>
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<p>wellbeing.</p> <p>Social activities meet the needs of the child or young person.</p> <p>The carer carries out all domestic tasks within the home. Child or young person contributes to domestic tasks in a manner appropriate to their age and development.</p> <p>Carer does not experience unusual beliefs around the child or young person.</p> <p>Carer seeks emotional support from other adults.</p> <p>Carer collaborates with the relevant health and wellbeing services.</p>	<p>generally take place around mental health and wellbeing.</p> <p>Social activities generally meet the needs of the child or young person.</p> <p>The carer carries out most domestic tasks within the home. Child or young person contributes to domestic tasks in a manner appropriate to their age and development.</p> <p>Carer does not experience unusual beliefs around the child or young person or sometimes experiences unusual beliefs about the child or young person but is able to mitigate any risks to the child or young person.</p> <p>Carer seeks emotional support from other adults.</p> <p>Carer generally collaborates with relevant health and wellbeing services.</p>	<p>or young person when experiencing mental distress.</p> <p>Discussions take place around mental distress and mental health that are inappropriate to child or young persons' age and understanding or cause the child/young person to be afraid.</p> <p>Carer sometimes seeks emotional support from the child or young person.</p> <p>Social activities are mostly focused on the needs of the adult.</p> <p>Carer experiences unusual beliefs around the child or young person and sometimes unable to mitigate any risks to the child or young person.</p> <p>The carer carries out some domestic tasks within the home. Child or young person contributes to domestic tasks in a manner inappropriate to their age and development.</p> <p>Carer unwilling or unable to collaborate with relevant health and wellbeing services.</p>	<p>Discussions take place around mental distress and mental health that are inappropriate to child or young persons' age and understanding or cause the child/young person to be afraid.</p> <p>Carer seeks emotional support from the child or young person.</p> <p>Social activities are focused on the needs of the adult.</p> <p>The carer carries out little or no domestic tasks within the home. Child or young person routinely contributes to household domestic tasks in a manner inappropriate to their age and development.</p> <p>Carer experiences unusual beliefs around the child or young person and unwilling to mitigate any risks to the child or young person.</p> <p>Carer unwilling to collaborate with relevant health and wellbeing services.</p>

<b>Adult arguments and violence</b>			
<p>Carers do not argue aggressively and are not physically abusive in front of the children/young people.</p> <p>Carer has a good understanding of the impact of arguments and anger on children/young people and is sensitive to this.</p>	<p>Carers sometimes argue aggressively in front of children/young people, but there is no physical abuse of either party.</p> <p>Carer recognises the impact of severe arguments on the child/young person's wellbeing but personal circumstances sometimes get in the way.</p>	<p>Carers frequently argue aggressively in front of children/young people and this leads to violence.</p> <p>There is a lack of awareness and understanding of the impact of the violence on children/young people and carers are indifferent to advice regarding this.</p>	<p>Carers argue aggressively frequently in front of the children/young people and this leads to frequent physical violence.</p> <p>There is indifference to the impact of the violence on children/young people and carers are hostile to advice about the impact on children/young people.</p>
<b>Adult substance misuse</b>			
<p>Alcohol and drugs are stored safely within the home.</p> <p>The carer models low consumption or does not drink alcohol or use substances in front of the child/young person.</p> <p>Carer engages with relevant health and wellbeing services to ensure their wellbeing.</p> <p>The carer is able to respond to emergency situations should they arise.</p> <p>The carer discusses safe and legal use of substances, being aware of the child/young person's</p>	<p>Alcohol and drugs are generally stored safely. Carer responds to advice relating to safe storage.</p> <p>The carer sometimes drinks to excess or uses substances. Carer aware of impact of using substances to excess in front of child or young person and makes safe arrangements for child or young person when using substances. Carer generally engages with relevant health and wellbeing services to ensure their wellbeing.</p> <p>The carer is generally able to respond to emergency situations should they arise or makes other safe arrangements for the child or young</p>	<p>Alcohol and drugs (and/or drug use equipment) are not always stored safely in the home. Carer sometimes responds to advice relating to safe storage.</p> <p>The carer often drinks alcohol to excess or uses substances in front of the child/young person. The carer lacks awareness of the impact substance use in front of child/young person.</p> <p>Carer inconsistent in engagement with relevant health and wellbeing services.</p> <p>The carer is unable to respond to emergency situations should they arise.</p>	<p>Alcohol and drugs (and/or drug use equipment) never stored safely, and the carer unwilling to advice relating to safe storage.</p> <p>The carer drinks alcohol to excess or uses substances in front of the child/young person. The carer unwilling to acknowledge the impact their substance use has on their child/young person.</p> <p>Carer does not engage with relevant health and wellbeing services.</p> <p>The carer is unwilling to acknowledge substance use means they are unable to respond to emergency situations should they arise.</p>

<p>development, age and understanding.</p> <p>The carer recognises and responds to the child/young person's concerns and worries.</p> <p>Substance use does not impact on the family finances.</p> <p>There is a consistent network of family and supportive others.</p> <p>Adult visitors to the home are vetted by carer in best interests of child or young person.</p> <p>Social activities the needs of the child or young person.</p>	<p>person.</p> <p>The carer generally discusses safe and legal use of substances, being aware of the child/young person's development, age and understanding.</p> <p>Carer generally emotionally available and consistent in their ability to care for child or young person. If using substances makes other safe arrangements for child or young person.</p> <p>Substance use occasionally impacts on the family finances but carer seeks to minimise impact on child or young person.</p> <p>The child/young person's needs are generally met and a network of family and supportive others are involved.</p> <p>There is a network of family and supportive others. This can fluctuate at times due to carers use.</p> <p>Adult visitors to the home are generally vetted by carer in best interests of child or young person.</p> <p>The carer generally recognises and</p>	<p>The carer discusses and uses substances in presence of child/young person and does not consider child or young person's development, age and understanding.</p> <p>Carer emotionally unavailable and inconsistent in their ability to care for child or young person as a result of substance use. Sometimes makes other safe arrangements for the child or young person when under the influence of substances.</p> <p>Substance use regularly impacts on the family finances and carer unable to minimise impact of this on child or young person.</p> <p>Carer inconsistent in engagement with supportive networks. This often fluctuates to carer's substance use.</p> <p>Carer's substance use sometimes causes parent or carer's behaviour to be erratic and frightening to child or young person.</p> <p>Carer sometimes endorses and glamorizes substance use to child</p>	<p>The carer discusses and uses substances in presence of child/young person and does not consider child or young person's development, age and understanding.</p> <p>Substance use regularly impacts on the family finances but carer unwilling to minimise impact of this on child or young person.</p> <p>Carer unwilling to engage with supportive networks when using substances. Carer denies value of consistent supportive networks for child or young person.</p> <p>The carer involves the child/young person in their using behaviour (i.e. asking the child to get the substances or prepare the substances).</p> <p>Carer substance use consistently causes parent or carer's behaviour to be erratic and frightening to child or young person.</p> <p>Carer unwilling to make other safe arrangements for the child or young person when under the influence of</p>

	<p>responds to the child/young person's concerns and worries.</p> <p>Social activities generally meet the needs of the child or young person.</p>	<p>or young person and is unable to acknowledge the impact of this on the child or young person.</p> <p>Adult visitors to the home are not vetted by carer in the best interests of child or young person.</p> <p>The carer does not always recognise and respond to the child/young person's concerns and worries about the carer's circumstances.</p> <p>Social activities are mostly focused on the needs of the adult.</p>	<p>substances.</p> <p>Carer endorses and glamourizes substance use to child or young person and is unwilling to acknowledge the impact of this on the child or young person.</p> <p>Adult visitors to the home are not vetted by carer in the best interests of child or young person. Carer</p> <p>The carer significantly minimises and is resistant to advice around their use or refuses to acknowledge concerns.</p> <p>There is an absence of supportive family members or a social network.</p> <p>The carer does not recognise and respond to the child/young person's concerns and worries about the carer's circumstances.</p> <p>Social activities are focused on the needs of the adult.</p>

<b>Pre birth</b>			
<p>The mother acknowledges the pregnancy and seeks care as soon as the pregnancy is confirmed.</p> <p>The mother attends all her antenatal appointments and seeks medical advice if there is a perceived problem. She prepares for the birth of the baby and has the appropriate clothing, equipment and cot in time.</p>	<p>The mother attends antenatal clinic and prepares for the birth of her baby, but she is acutely aware of her mental health or substance misuse problems which could negatively impact on her unborn baby.</p>	<p>The mother is unaware of the impact her mental health and/or substance misuse problems on the unborn child.</p>	<p>The mother does not attend any antenatal clinic appointments; she ignores medical advice during the pregnancy.</p> <p>She has nothing prepared for the birth of her baby.</p> <p>She engages in activities that could hinder the development, safety and welfare of the unborn.</p>
<b>1. STIMULATION &amp; EDUCATION:</b>			
<b>5.1 0 – 2 Years</b>			
<p>The child is well stimulated and the carer is aware of the importance of this.</p>	<p>There is inadequate stimulation and the child is left alone at times because of carer's personal circumstances and this leads to inconsistent interaction.</p> <p>Carer is aware of the importance of stimulation, but is inconsistent in response.</p>	<p>The carer provides the child with little stimulation and the child is left alone unless making serious and noisy demands.</p>	<p>The carer does not provide stimulation and the child's mobility is restricted (confined in chair/pram).</p> <p>Carer gets angry at the demands made by the child.</p> <p>Carer hostile to advice about the importance of stimulation and paying attention to the child's needs for attention and physical care.</p>

<b>5.2 2 – 5 Years</b>			
<p>The child receives appropriate stimulation such as carer talking to the child in an interactive way, as well as reading stories and the carer playing with the child/young person.</p> <p>Carer provides all toys that are necessary. Finds a way even if things are unaffordable (uniform, sports equipment, books etc.).</p> <p>Outings: Carer takes child/young person to child centered places locally such as park, or encourages child in an age appropriate way to make use of local resources,</p>	<p>The carer provides adequate stimulation. Carer's own circumstances sometimes get in the way because there are many other demands made on the carer's time and there is a struggle to prioritise. However, the carer does understand the importance of stimulation for the child/young person's well-being.</p> <p>The child has essential toys and the carer makes an effort to ensure appropriate access to toys even if things are unaffordable, but sometimes struggles.</p> <p>Outings: child accompanies carer wherever carer decides, usually child friendly places, but sometimes child time taken up with adult outings because of carers needs.</p>	<p>The carer provides little stimulation and does not see the importance of this for the child/young person.</p> <p>The child lacks essential toys, and this is not because of financial issues, but a lack of interest or recognition of the need.</p> <p>Carer allows presents for the child/young person but the child is not encouraged to care for toys.</p> <p>Child may go on adult oriented trips, but these are not child centered or child/young person left to make their own arrangements to plays outdoors in neighbourhood.</p> <p>Child has responsibilities in the house that prevents opportunities for outings.</p>	<p>No stimulation is provided and carer hostile to child needs or advice from others about the importance of stimulation.</p> <p>The child has no toys and carer may believe that child does not deserve presents. No toys, unless provided by other sources, gifts or grants and these are not well kept.</p> <p>No outings for the child, may play in the street but carer goes out locally e.g. to pub with friends. Child/young person prevented from going on outings with friends or school</p>
<b>5.3 School</b>			
<p>Carer takes an active interest in schooling and support at home, attendance is regular.</p> <p>Carer engages well with school or nursery and does not sanction missed days unless necessary.</p>	<p>Carer maintains schooling but there is not always support at home.</p> <p>Carer struggles to link with school, and their own difficulties and circumstances can get in the way.</p> <p>Carer occasionally sanctions days off</p>	<p>Carer makes little effort to maintain schooling.</p> <p>There is a lack of engagement with school. No interest in school or homework.</p> <p>Carer often sanctions days off where</p>	<p>Carer hostile about education, and provides no support and does not encourage child/young person to see any aspect positively.</p> <p>Total lack of engagement and no support for any aspect of school such as homework, outings etc.</p>

<p>Carer encourages child/young person to see school as important.</p> <p>Interested in school and support for homework</p>	<p>where not necessary.</p> <p>Carer understands the importance of school, but is inconsistent with this and there is also inconsistency in support for homework</p>	<p>not necessary</p> <p>Carer does not recognise child/young person's need for education and is collusive about child/young person not seeing it as important</p>	
<b>5.4 Sport and Leisure</b>			
<p>Carer encourages child/young person to engage in sports and leisure, if affordable.</p> <p>Equipment provided where affordable, or negotiated with agencies/school on behalf of child/young person.</p> <p>Carer understands the importance of this for child/young person's wellbeing.</p> <p>Recognises when child/young person good at something and ensures they are able to pursue it</p>	<p>Carer understands that after school activities and engaging in sports or child/young person's interests is important, but is inconsistent in supporting this, because own circumstances get in the way.</p> <p>Does recognise what child/young person is good at, but is inconsistent in promoting a positive approach</p>	<p>Child/young person makes use of sport through own effort, carer not motivated and not interested in ensuring child/young person has equipment where affordable.</p> <p>Does not recognise the value of this to the child/young person and is indifferent to wishes of child/young person or advice from others about the importance of sports/leisure activities, even if child/young person is good at it</p>	<p>Carer does not encourage child/young person to take part in activities, and may be active in preventing this.</p> <p>Does not prevent child/young person from being engaged in unsafe/unhealthy pursuits.</p> <p>Carer hostile to child/young person's desire to take part or advice from others about the importance of sports/leisure activities, even if child/young person is good at it</p>
<b>1.5 Friendships</b>			
<p>This is supported and carer is aware of who child/young person is friends with.</p> <p>Fully aware of the importance of</p>	<p>Carer aware of need for friends, does not always promote, but ensures friends are maintained and supported through opportunities for play etc.</p>	<p>Child/young person finds own friendships, no help from carer unless reported to be bullied.</p> <p>Does not understand importance of</p>	<p>Carer hostile to friendships and shows no interest or support.</p> <p>Does not understand importance to child/young person.</p>

friendships for the child/young person.	Aware of importance to child/young person.	friendships	
<b>5.6 Addressing Bullying</b>			
Carer alert to child/young person being bullied and addresses immediately.	Carer aware of likelihood of bullying and does intervene when child/young person asks.	Carer unaware of child/young person being bullied and does not intervene.	Carer indifferent to child/young person being bullied.
<b>CARER CAPACITY TO ACHIEVE CHANGE</b>			
<p>High effort and high commitment to change – Genuine commitment</p> <p>Carers genuinely say and do the ‘right things’ for the ‘right reasons’, regardless of whether professional is watching and identifying their own solutions.</p>	<p>Low effort and high commitment - seeking approval</p> <p>Carers agree wholeheartedly with professional input and may be show their praise and gratitude to professionals.</p> <p>Report they have tried everything but no change is evidenced.</p>	<p>High effort and low commitment – tokenistic compliance</p> <p>Carers seem to comply, but not for the right reasons and without engaging e.g. attend parenting groups to ‘get workers off their back’ but don’t attempt the techniques suggested.</p>	<p>Low commitment and low effort – showing dissent or avoidance.</p> <p>Carers are overtly hostile, or actively disengage or block professional involvement e.g. will not answer the door or are hostile in interactions.</p>